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Lectures
on the Practice of Physic
by

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Professor of Medicine in the
University of Edinburgh. –
delivered in his own House
anno 1768. –

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written by
Benjamin Rush
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Edinburgh.

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The Bark sh: be given in considerable Quantities in Intermittents. so likewise in Continual Fevers we sh: give it in larger Quantities than is generally done. Dr. Slack give ℥i of the Extract every day with great Success in the Petechial Fevers. Dr. Pringle I think gave it in too small Quantities in ye Jail Fever to do any great Service.

We come now to treat of the Medicines wh: excite the Arterial System. these are Stimulants.

What are then stimulating medicines? all stimulants are more or less anti:
:spasmodic. may not their virtues depend upon these antispasmodic qualiti:
:ties? I cannot say Wine. Contrayerva & Serpentaria act in this way. the Con:
:trayerva is of weak virtues. it is gene:
:rally given w:th other medicines w:ch prevent our knowing its effects. the Serpenta:
:ria is a more active medicine. but it is very heating & sometimes upon y:r hea:d not very safe. as an Antis~~pasmodic~~ptic it acts only on the nervous system. I know of no medicine that acts anti:

septic on the Fluids.

The <u>Wine</u> is the most powerful stimulus we are acquainted with. it sh: always be given in pretty large Quantities. It does mischief in all Inflam.y Fevers, & must be given only in the advanced state of Fevers arising from Debility. the Circumstances wh: determine the free use of Wine are 1st: the force of Habit. if a man has been used to drink a great deal of Wine in Health, he must be indulged in it in a Fever.

2nd the Patients Appetites. these sh: always be consulted & gratified.

3d we th: use it cautiously & give those wines chiefly w: have least Brandy in them such as Claret-Port &c.

The next medicines to ~~are~~ restore the equal action of the Sensorium are

Antispasmodics.

It is difficult to tell how these Operate in any Cases, much more in Fevers. we shall first point out ~~to~~ a few of them w: are most generally ~~used~~ such as Opium. Camphor Musk & Vol: Salts.

Opium

This Operates as a Sedative & Stimulant - It is hard to restrict the Effects of this

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Medicine. It is so stimulating as to be hurtful in all Inflam.ty Diseases, except merely as a palliative. It should not therefore be admitted in the inflammat.y state of Fevers. but in Fevers attended w.th Debility Opium may be used as a stimulant w.th great advantage. It is seldom used in Fevers. Wine is substituted in its Room for the most part. It does most service by its sedative powers. how then can it be useful in Fevers where y.e sedative powers prevail? In the advanced state of Fevers we often see an imperfect maniacal

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Delirium attended wth Spasms & convulsive Motions wth out any Inflam:
:mation or Determination to the Brain.
in this Case
Opium has been found highly useful
in removing the Irritation wch kept
up the Disease. here the Opium Ope:
-rates only as a Sedative. But if this
is the Case it ought not to be given wth the
view of exciting the vigour of ye Sensorium.
It is designed to remove the Nervous
Spasm & not the Inflammatory. Besides
the Symptoms wch Opium relieves are
Symptomata Causa or Symptomatum
wch do not properly belong to Fever.

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The Sensorium is excited beyond measure at a time when ye Circulation is languid. This we see in Maniacal Patients who have no Symptoms of Fever. There is Something in my Opinion of the Maniacal State combined wth Fever wch gives a Species of Delirium y^t has not yet been attended to. It is in these Cases only that Opium must be given & in pretty large Doses too do y^n: we may depend upon its exerting its sedative powers or we shall do harm. in all those Cases where wine does Service I think Opium w^d answer equally well.

Camphor & Musk

I have seen both these med ~~[illegible]~~ given 100 times without doing Good or Service. perhaps the Reason was they were given in too small Doses, or were adulterated. - they Sh.d be given so as to act as Sedative in Order to take off any Irritation from the Sensorium occasioned by the Febrile Spasm or Other Causes: if we expect any Advantage from them we must give them in large Doses.

Volatile Alkali

This has of late been given very largely since its Antiseptic Virtues have been

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found out. but Nitre is equally serviceable upon this Acc^t: & sometimes better upon the Acc^t of the Stimulus of ye Alkali. It must be given chiefly in Cases of great Debility.

we come now to y: 3rd thing propos: in ye Sum of Fevers

III Indication w^h was to Obviate Putrefaction. this may be subdivided again into 3 Heads. 1st: withdrawing Fomes 2 the Application of Antiseptics. 3rd the Use of Fevers. —

1st: By withdrawing Fomes I mean removing every thing y^t promotes Putrefaction such as 1st: Stimuli &

such things as encrease the Heat of ye Body - By 2^ly removing all animal Effluvia - & by frequently cooling the Air in his Room & changing his Bed Cloaths. This is of the utmost Consequence more especially in Cases of profuse Sweats w^ch: they rather encrease than check as some have supposed - 3^ly By evacuating Bile. This is often the Seat of putrid Ferments, & if suffered to remain in the Alimentary Canal may be absorbed & thus encrease the Disease. by expelling the putrid Ferment by Sweats. Just this Indication in Compliance w^ch: the common Language of Authors Food

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do not think any Ferment wherewith
into ye body can be expelled by Sweating
in ye manner some suppose.
2nd: to Obviate Putrefaction we said
we must apply Antiseptics. these
are, Cold w^ch: diminish Heat w^ch: we
know increases Putrefaction. 2 by
plentiful Dilution. Diffusion we know
renders all Acrimony weaker, especially
in the primæ viæ. 3^d: by Vegetable Ali:
-ment w^ch: is less Alkalescent & tends to
introduce a portion of Acid into ye body.
Acid Drinks answer this purpose admi:
-rably 4th: by Acids especially ~~those of the~~
vegetable kind. Fossil Acids are

likewise highly useful Altho' they never reach the Mass of Blood but act w: the advantage in the primæ viæ. 5: Neutral Salts. 6: Bitters. Astringents &c.

3rd: Tonic Medicines. I said Putrefaction arose from a Loss of Tone in the Vessels. I would therefore under this Head recommend all the Medicines wch have been ordered to restore the vires Naturæ. the most powerful of these are Cold & Bark of wch: I have spoke before. this finishes our general Acct: of Fevers. we shall next proceed to treat of the Species of Fevers.

As we have said so much on Fevers in general yt we shall ~~no~~ be very short upon this Subject. There is but One Genus of Intermittents wch are Tertian. 95 Intermit: Fevers out of a 100 are of the tertian kind wch shows us that there is a uniform Tendency in Intts: Fevers to this Type. all other Intermittents appear to be Corruptions of the true Tertian. the Quartan is ~~of~~ a Fever of this kind. It often shifts into the Tertian & the Tertian into it again. upon wch Causes this depends has not been explained. as to ye Quotidian

Fevers they appear evidently to be dou-
-ble Tertians. the Observations that wd.
establish Quotidians are very doubtful.
Riverius says out of 600 Intermittents
not one are Quotidian. Mercurialis
says yt from 40 years practise he never
saw one of them. Cleghorn & Lenai deny
their having ever seen it, by taking no
notice of it. all Remittents are varieties
of the Intermittents.

We are already sufficiently acquain-
-ted wth the Theory of Intermittents so yt
I shall add nothing but yt Subject.

I go on therefore to speak of yt Usual

Practise in curing Intermittents

This Practise is of two kinds, consisting in 1 such Medicines as are given during ye Fitt 2 such as are given during the Intermission of the Fever.

The Remedies employd during the Fitt to moderate the Spasm are neutral Salts & vomits. the neutral Salts used in these Cases are Saline mixture Sal Armoniac & Sal Digestiv: — the 1st is employed in too small Doses. for the 2nd see Dr ~~Lewis~~ Cowrie upon it. the Sal Digestiv: is of ye same nature as ye Sal Armoniac. they all tend to shorten the hot Fitt, & to procure longer

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Intermittents. they seldom perform entire Cures alone.

The Emetics are of various kinds. the vitriol of Copper has been of ~~late~~ lately highly commended. it operates in ye same way as common Emetics. all Emetics may be given during ye cold Fit wth Advantage. I think this is a better practise than to wait till Nature brings on a vomiting or a Sweat. they do most service when given so as to excite a simple nausea as they then generally purge a little. But in Cases of an Effusion of Bile into ye Alimentary Canal

a vomit should be given.

Some join Cathartics w: y Emetics in Intermitting Fevers. hence most of our Fever Medicines have something purgative united w: them. I think Preparations of ♃ ought be combined w: Antimony I have used it w: ♃ Emetic w: great advantage in the Beginning of Fevers. - all Emetics act in y same way as y Neutral Salts viz: by moderating the Fits & prolonging the Intermission. they sometimes cure Intermittents but generally something else is required.

What is to be done when Fevers do

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not succeed the hot Fitt? the saline mixture sometimes produces this sweat. it is a more useful Medicine for this purpose than Spr. Mindereri. if it shd. fail we must have Recourse to Tr. Emetic.

For an Acct. of the Regimen in Intermittents see Fever.

2nd. we come now to treat of 4. Remedies used during the Intermission.

these act by removing the Atonia of the System. it is done by 1st exciting a hot Fitt before the usual time it comes on; 2nd by Neutral Salts - by 3rd Emetics 3rd by putting the Patient to Bed, and

exciting a Sweat by hot Drinks. this is the most efficacious & successful Method of promoting a hot Fitt when used w.th proper Caution. by 4th Cold-Bathing. Dr. Morgan tells us that he has used it w.th very great success. by 5th Riding a Horse Back so as to excite a Sweat or y.e vigour of y.e Sensorium. But there is a Danger here of bringing on too violent a hot Fitt. 6th by the use of direct Stimuli such as Pepper Nutmeg &c. there is more Danger in using these as they tend to bring on y.e Inflam.n: Diarrhoea & all y.e Inconveniences of an Excess of hot Fitt. It is therefore universally rejected by Practitioners. all these Remedies are

but temporary & altho' they break into the Habit of Intermittents yet they do not destroy this Habit. 7th Stimulat. Passions of the mind. —

2: let us ~~[illegible]~~ speak of ye internal Remedies nec to retore the Tone of the System. these are 1st Astringents 2d Bitters 3d: a Medicine wch has both these Qualities united in it viz: ye Peruvian Bark.

Upon the first Approach of Intermittents we generally order a vomit as ye prima via mostly abound wch vitiated Bile wch often contains the Fomes of the Disease. — the Belly shd: next be opened to tether off the Spasm wch from ye encreased

Determination of Blood to ye Belly are for ye most part Obstructed by a Spasm. Shd: we suffer Intermitting Fevers to run on any time? Experience does not determine this Question. the Repetition of hot Fitts some days more restores the System to its proper Tone. when the Inflam: Diathesis prevails it may be useful. in hot Climates we must never trust to Nature for ye Paroxysms are sometimes so severe as to kill on their first Attack. Neutral Salts therefore and Bark shd: be given as soon as possible.

Our chief Dependance must be placed upon this last Medicine. we shall

add a few things concerning the man=
ner of exhibiting it. Many Controversies
have been agitatated concerning
it. Physicians a few years ago were
strangely prejudiced agst it upon ye acct
of its resisting so much to ye Efforts of
Nature in the Cure of Intermittents.
But this is a wrong practise. I know of
no Salutary Effects wch Intermts have.
all that has been said in their Favor
has been founded on a few Facts that
by no means admit of such
Inferences from them. Vanswieten says
they are wholsome by improving
ye varium vitæ Genus, but I deny it.

much has been said too agt. ye Peruvian Bark as checking Intermitting Fevers too soon or as having deleterious Effects But we have no proofs of either of these Suppositions being true. I know of no Arguments to persuade us to let the Disease continue. Some Circumstances I grant render the Bark less proper such as 1st the Presence of Inflamt. Diathesis especially when attended wth. topical Affections. 2nd the want of regular Intermissions. the Bark in this Case does Mischief. 3rd the Presence of Obstructions or Congestions especially in the

Abdominal viscera. if it is given in this Case Evacuations ought be premised to resolve these Congestions & to carry off Bile. - all these 3 Cases which forbid the use of Bark occur chiefly in cold & northern Climates. the Intermittents in such Countries are less dangerous & we may better suspend the use of the Bark. but in hot Climates where the Sedative powers so much prevail the Bark must be sooner exhibited even where little or no Remissions appear see Dr Cleghorn upon this practise. in very putrid & sedative Intermittents we may give the Bark when less

or no Intermission appears at all. $\frac{c}{y}$ great want of Tone in the Arteries renders this Practice indispensably necessary. How is the Bark to be administered? — a small Quantity of it is not sufficient to check Intermittents or to restore the Tone of the Arteries. ℥vj or ℥j is always absolutely necessary. in some Cases more. this Quantity must be given at a particular time or it will not produce its Effects. the nearer to the time of the Paroxysm we give it the more efficacious it proves. ℥ij given just before the Fits does more Service than ℥j given thro the Course of 24 hours without any Regard to the time of the Fits coming on

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The Effects of the Bark are not durable. — a Quantity sufficient to obviate one Fit will not always cure an Intermittent entirely. We may say the same of all Medicines as well as the Bark. the Effects of few of them are durable wch. makes it so very necessary to give Neutral Salts & all the Fever Medicines just before the Approach of the Exacerbations of Fevers. — Some Doses of Bark therefore are necessary to prevent the Recurrence of Intermittents. When One Paroxysm is broke we must still give the Bark just before the usual time of the Fits coming

on. After this we may intermit a day, then give few Doses & intermit two Days, & so continue to a 4th Day's Intermission. perhaps this will not be sufficient in marshy Countries where the Cause still continues.

If the Bark purges it does no Good. the Purging takes off the Force of the System as fast as the Bark restores it. Opium therefore must be joined with Bark when it proves purging. This leads me to speak of the use of Opium in Intermittents. It was much used among the Ancients. a late Writer in France has revived its use. ~~[illegible]~~

Does it act by obviating the Spasm which occurs in each paroxysm? I cannot admit this. It appears to act by obviating the Atonia on which the Spasm depends. in what manner I cannot tell, for it seems to act as a Sedative as well as a Stimulus. - may it not take off the Excitement of the Sensorium & prevent the accumulation of the Nervous Fluid in such a manner as to produce such a Degree of Density in it as to promote & recover the Tone of the System? - This is but a Conjecture & is foreign to our present subject.

we come to treat of the 2.ᵗᵒ Order of the Pyrexia viz: the Phlegmasia

I shall 1.ᵒ consider its Nature & show its Distinction from ye Febres 2.ᵗᵒ treat of its Theory & afterwards speak of its Cure as applicable to Genera & Species.

Phlegmasia is distinguished from Fever by topical or primary affection. they are distinguished from Profluvia by no Evacuation & from ye Exanthemata by no Eruption, but of this we shall say more hereafter.

When this topical affection takes place we perceive Heat - Redness Tumor & pain in the part. When

it is internal these marks are not evident. the Character of inter. Inf.: is Pyrexia cum Dolore topico, primario pulsu duro & sanguinis emissa Crusta coriacea. this applies to all Cases of Phlegmasia in general.

The Theory of Phlegmasia is very difficult. in every Phlegmasia we perceive an encreased action of the Arteries of the part inflamed sometimes, or two of the Heart & Arterial System in general. in this it agrees w.th the Fevers. but it is brought on difficultly & differs in its Symptoms. 1 in being confined to one spot only 2.nd It is induced by external stimuli which act chiefly on the part to w.ch they are

applied. But Inflammn: is not always brot on by stimuli externally applied. simple Congestion will bring it on. the Rheumatism depends on previous Congestion. — these Congestions excite the Reaction of the Sensorium & thus bring on the Phenomena of Pyrexia. the Angina in like manner depends upon Congestion brot on by Cold stricturing the Vessels. In all Cases of Inflammation then I presume Congestion to be present wh: produces a Molestia wh: ye Sensorium exerts itself to remove. this Reaction of the Sensorium is attended wth: a cold Fitt & the Formation of Spasm. It is

in Consequence only of this that the increased Impetus of the Blood and in this action of the Heart is formed. ~~the~~ for Phlegmasia & Febres agree, but they differ in the Phlegm: being accompanied th w: a Phlogistic Diathesis depen=ding upon an increased Force of the Arteries. this we prove from y e Causes inducing it w: are Stimuli & Cold. these we know increase the Tone of Muscular Fibres. the hard Pulse ~~Hard~~ likewise shows an increased Tension of the Arteries & can depend on no Other Cause. the Phaenomena

of the Blood show this to be Case. the Secession of the Coagulable Lymph always attends Inflammation & is sometimes produced by the Phlogistic Diathesis. these Circumstances chiefly distinguish Phlegmasia from Febres. the Spasm in the Phlegmasia is more permanent than in the Febres. It is surprising that Nature shd. suffer the Spasm to continue too long when ye only Design she has in view in it is to excite a hot Fitt to remove the Congestion or Stimulus. But the Operations of Nature are not always proportioned to ye End she has in view. Phlegmasia then

is attended wth topical pharm & increa-
sed Impetus. this produces increased
Heat - Tension - Tumor - & Pain. where
is the Pain seated? we often see it in
parts which have little or no sensibility
during health. many solutions of this
Phenomenon have been offered. as the
Fibres of the Body are originally com-
posed of nervous Fibrils wch are surroun-
ded wth cellular Membrane. this is
the Case wth the Tendons. in this Case they
are incapable of ~~sensa~~ Excitement by
but by an increased Degree of Heat
& Tension they acquire Excitement &
Sensibility. Another Solution appears

equally probable. the Arteries may all have nervous Fibres wch, during Health have little sensibility when cut thro'. we have some late Experiments wch show us ye the Arteries are possessed of muscular Fibres & consequently of Irritability & sensibility. by increased Heat then & Tension we can easily account for ye Pain. this is the most satisfying Acct of the Cause of the Pain. the Pulse becomes full in proportion as Suppuration advances wch depends upon Effusions. before this takes place ye Pulse is generally Hard & is known by wch is called the Sick in it.

How do Stimuli produce Inflammation? — by acting directly or by producing Spasm; or by both? 1st ~~or~~ bringing on Congestion & then 2nd: Spasm? I think the last Supposition most probable. — This is the general Theory of Inflammation. It is I grant attended w: the Difficulties but it is more probable than Dr: Boerhaave & Bellini's who supposed that it depended ~~upon~~ upon Lentor; Obstructing the small vessels. But we have no proofs of this Lentor, nor are the Causes & Effects of it any ways proportional to each other. — the Coagulable Lymph which was supposed to be Lentor is a

natural part of the Blood, & is the Effect not the Cause of Inflam^n. - nor could such a Cause if it existed produce Inflamm^n. the Arteries are capable of such Distention as to pour out red Blood without any Appearances of Inflammat^n. nor can^y. Error Loci produce it as this is Obviated by the Incrustamoing of the Vessels. See this Doc. time more fully overthrown by Dr. Haller & Mr. Lavarge who have proved that Obstruction of hollow Vessels does not produce increased Impetus. the Obstruction from Spasm is part of ye Consequence of Inflamm^n. It is seated in ye Solids not

in the Fluids when Bellini placed it.

— The chief Effect of increased Impetus is to produce Effusions in different parts. — this is well known to every One & is seen externally & internally after Inflammation has continued for some time. the Vessels internally are always pouring forth a Halitus. if a part is inflamed in the cellular Texture this Halitus is poured out in an increased Quantity. this is proved from ye Production of Pus. Dr Pringle & Dr Gaber have made Pus from ye Serum of the Blood. Pus then is derived from Serum effused into the cellular Membrane. the Ordinary

Halitus is incapable of being converted into Pus. this we prove from ye Fluid in Dropsies not being changed into purulent matter. there may be Effusions in like manner in Inflammat^n: in wch no Pus is formed. the Halitus is Absorbed & the vessels return again to their usual state. the Formation of Pus is connected wth a certain Degree of Inflammation

we prove Effusions to take place 1st from ye Structure of the Arteries wch terminate in exhaling vessels.
2^d from the size of Tumor.
3^d from the Colour of the Matter contained

in them. this is most evident in ye small pox and in all Eruptions where the Matter is contained in ye Cuticle. 4th from the Exudations of effused Matter on the Surface of internal Viscera when inflamed. but ye most convincing proof of Effusions is 5th from ye Formation of Pus which is formed from a particular part of the Blood. Pus can never exist without Effusions. Dr. Klein imagine it may, & supposes that it may be poured out already formed from ye vessels.

The Event of Inflammn: depends upon ye nature of ye Fluid effused & ye Changes

it undergoes.

Let us first enquire into ye Event of Inflammation. I shall here mention Gaber's Experiments. He found Serum could be converted into Pus out of ye Body. only 1/3 of the Serum however was converted into Pus wch fell to ye Bottom of his Vessel & left a transpart Liquor Above. He found yt it was Coagulable Lymph chiefly yt was changed into Pus, from wch I conclude that Serum will be more or less disposed to ye purulent Fermentation in proportion to the

Quantity of coagulable Lymph it con=
=tains. I infer this from this y^e y^e ordi=
=nary Habitus contain^s nothing but
dissolved Lymph. when it is only diffused
it, it seperate from it & is thus easily
changed into Pus. the Reason why the
Effusions in Dropsy are so seldom
changed into Pus is owing to y^e Lymph
not seperating from y^e Serum. Pus then
in Consequence of Inflamm^n depends
upon y^e encreased Impetus pushing
coagulable Lymph along wth Serum into Cavities.
2nd Mr Geber found Serum when sepe=
=rated from the Blood was differently

disposed to be converted into Pus wch he attributed to a peculiar Dyscrasia of the blood at different times & in different Persons. from y^e^ Mixture of Bile Oil &c with Serum he found the purulent Fermentation much diversified but he dont tell us in wch manner. 3rd He found the whole Mass of Blood when digested together never formed Pus, but became immediately putrid. 4th He found ye Purulent Fermentation produced no great Change upon ye Lymph - it produced a slight Ferment only, but it never changed its Qualities wth Regard to its Relation to heat. its coagulatedly

them, but never effervesced w: them.
— But still he supposes ye purulent
Fermentat:n is a Tendency towards the
putrid & may be induced by a grea-
ter Degree of Heat or by mere Length of
time insomuch that it will give a vol:
-atile Alkali & lose its coagulable Qua-
lities. It were to be wished that he had tried
whether putrid Serum would in like
manner have carried on ye purulent
to the putrid Fermentation. Such
putrid Ferments are introduced into the
Body, as in the Plague and in many
kind of Ulcers such as Venereal-Cancer
&c. But the state of the Blood being

given, the Effusions will be varied by ye Tension or Laxity of the Vessels or by the Ratio they bear to ye Impetus of the Blood. we cannot speak wth Certainty here as we are so ignorant of ye nature of Secretion. One Effect we can point out. a great Degree of Laxity produces peculiar Effects of w^ch: we shall say more hereafter. Fermentation begins wth ye Extrication of Air from a fixed to an elastic State. the more the Fluid to be fermented is compressed the slower ye Fermentation goes on. Gaber found ye purulent Fermentation attended wth ye Generation of Air. But upon covering some Serum

[a] the state of ye Blood and the Vessels being given the Formation of Pus will be varied by the Degree of Heat, & by the Nature of ye Ferment acting upon the effused Fluids. -

w: Oil he found y Poikoiesis went on slower. he filled some vessels w serum & sealed them Hermetically the Consequence of this was y: 2 y pursuit: Fermentation went on slower still.

now effused Fluids will be converted into Pus in proportion to y capacity of the vessels they are contained in, in favouring more or less y Extrication of Air. (a)

Effusions will be varied by Absorption. if the effused Fluid is only Halitus no Stagnation will ensue & it will be again Absorbed. if the Halitus contains a strong Impregnation of Lymph or has

it only differed, it will be changed into Pus. the thinner parts are generally absorbed while the Pus is forming. the Habitus may influence the formation of Pus considerably either in quickening it, or meliorating its qualities. the Absorbents sometimes cease to act from an Atonia. they are irritable and contractile vessels in a healthy state. a loss of their Tone stops Absorption, & thus conduces towards the Formation of Pus. these are the chief Circumstances which determine the nature of Effusions.

I shall now speak of the Phenomena which take place in Inflammation.

- In moderate Inflamm^n: there is no Effusion but Halitus containing little or no Lymph. this Fluid is easily absorbed and the Inflamm^n: is resolved. this is one of the Terminations of Inflammation.

- the greater or lesser Degree of Tension or Laxity likewise conduces to vary the Absorption of this Halitus. the Cellular Texture is of different Degrees of Firmness or Laxity and from this is more or less easily dilated. the more lax the Vessels, the more frequent the Effusions - hence y^e Reason why Suppurations happen chiefly in cellular Membrane of a loose soft Texture.

Dr Cleghorn found in $\frac{c}{y}$ Bodies $\frac{2}{y}$: he dissected that died of Tetanus $\frac{c}{y}$ Omentum & Adipose parts generally filled $\frac{th}{w}$: purulent Matter while in more solid parts he found no Appearances of Pus. all Observations concur in fixing Abscesses in Adipose Membranes, hence we find them most frequently under the Skin.

– Inflamm^{n}: in the Tendons never ends in Suppuration. the Reason of this is owing to their Fibres not being connected with loose cellular Texture. Inflamm^{n}: is mostly seated in common Membrane such as the Joints - Pleura - Meninges of the Brain & the Parenchymatous Inflam^{n}

-mations are of a different nature from these as we shall say hereafter. The Event of Inflamm.n in these thin Membranes is greatly varied by their Contiguity to Lax parts. The Meninges of the Brain never terminate in Suppuration except when an Inflamm.n in it arises from a Wound or Contusion. The Pleura & Peritoneum oftnest end in Suppuration from y.e Vicinity of the 1st w: the Lungs & the 2nd w: the Bowels.

Suppuration occurs 1st in Cases where the Vessels are wounded 2d w: is owing to increased Imbibition & laxity both

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being indured. 2nd Suppuration takes place in sound vessels when ye Inhabitants is strong enough to pour out suppurating Matter 3rd: It occurs when ye exhalents open into lax parts. 4th: It occurs when nothing but Serum is poured out, if red Globules are poured out no Suppuration can be formed. 5th: an encreased Degree of Heat is necessary for Suppuration. 6th: Absorption is necessary for Suppuration, to carry off the pure Serum 7th: retards the Formation of Pus from the Lymph. all these Circumstances are capable of great

variation, & on this may depend the different nature of Fluids found in Tumors & Abscesses. ~~I do~~ But I leave this subject to be prosecuted more fully by yourselves. —

On wh: does Gangrene depend?

It will occur 1st: when ye Impetus of the Blood is so great as to pour out putrescent Matter. This happens generally when the Blood is dissolved — the red Globules adhere to ye coagulable Lymphe ~~when~~ ordinarily in such a manner as to prevent their being effused.

2nd: When the Tone of the Arteries is

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so weakned as to admit of great Effusions. both these Circumstances often occur together. 3.rd When the Laxity of the Vessels is so very great as to admit of the Extrication of Air Putrefactions will be greatly encreased 4.th When the Blood is tainted w.th a putrid Ferment 5.th When the Absorbents are affected w.th an Atonia 6.th When a preternatural Degree of Heat takes place in any part. all these Circumstances forward the Putrefaction of our Fluids.

The Atonia of the Arteries joined

4th w: encreased Impetus are sufficient to bring on Gangrene without ~~any~~ any Ferment whatever. Pain itself without Other Causes is sufficient to induce this Atonia.

Does ye encreased Impetus destroy the Texture of the part inflamed? I shall not determine this Question.

Schirrus is another Termination of Inflammation. on w: does it depend? I shall not say, but leave it to your Ingenuity to enquire into. I shall speak of some Other Termination of Inflamation hereafter.

I shall now treat of the Genera & Species of Phlegmasia. they are either

External or Internal. I shall distin-
guish them by the Organs they affect
- the External are divided into Phleg-
mon & Erisipelas.

Phlegmon is attended th w: an elevated
circumscribed Circular Tumor th w: is of
a clear putty intense Redness th w: is per-
manent & dont disappear by pressure. joined
to this there is a Tenseness - smoothness &
Splendor of the Skin. - a stinging
pulsatory pain. it ends in suppuration
or Colections of Matter th w: lie immediately
under the Skin

Erisepelas is attended th w: little Tumor

Tumor or Elevation of the parts. It is not circumscribed but extends irregularly. the Redness is bright & has paleness intermixed w: it, & fades off by Pressure for a time. Some deep Yellowness is mixed w: the Redness. I can't say I ever saw it altho' it may be a Case. It has likewise Splendor - is covered w: the moisture - is attended w: little Pain or pulsation - is known by Heat & smarting. It does not end in suppuration but terminates in watery Blisters.

The Phlegmon is seated in the larger vessels under the Skin & hence

it is attended w.th all the symptoms we have mentioned. It depends on previous Congestion w.ch is confined to particular vessels.

The Intertrigo is an affection of slender vessels w.ch communicate only w.th the Mucous Mucosum w.ch is internal between the cellular Texture & the Cuticle. It is produced by acid Matters applied externally or by acid Matters effused under the Cuticle. from this you will easily understand the Reason of all y.e symptoms we have mentioned as belonging to it. — But we often see both

both these kinds of Inflammn: combined in producing the Erisipelas Phlegmonides. the Symptoms here are confounded. there are ye only Difficulties wch: embarass our subject. the Ophthalmia cannot be reduced to either of these Heads. It is a Phlegmon sui Generis. It approaches nearest to the Phlegmon in depending upon Congestion wch: we said was characteristic of Phlegmon. the Parotis & Bubo are a Genus of Phlegmasia different from the common Phlegmon. the Arthritis (by wch: I understand the Rheumatism & Gout) differ likewise from the Phlegmon in ye manner we formerly said

From wt has been said you will see ye Absurdity of Dr Boerhaave's Doctrine who divides Inflammn: from the size of the vessels it affects. he places Phlegmon in the red vessel & Erisipelas in a smaller order of vessel. But we can conceive of no such thing. It is impossible for one sett of these vessels to be affected without the other, or if they are it will give a Difference in the Degree & not ye kind in Inflammation. He talks too of the Oedema Calidum, but I know of no such thing. there is wt Authors call ye Oedema Frigidum. but this differs widely from Phlegmon.

I come now to internal Inflammations. these must be divided into different Genera from ye nature of ye Organs they affect. some divide them from their nature into Phlegmon & Erisipelas. but no internal Erisipelas can take place according to ye History we have given of it. Effusions may be made into ye Lamellæ of certain Membranes but these are widely different from ye Eruptions we see on the Skin. Dr Lommius talks of an Erisipelas of the Lungs, & endeavours to prove it by its being cured by an Erisipelas breaking out on

on the Skin. But this is a solitary Fact & we may therefore refuse it upon the whole I deny the existence of internal Erisipelas except it be in the Alimentary Canal which we know is exposed to the action of Acids. It is besides covered with a Skin or Epidermis somewhat analagous to the Cuticle which is the usual Seat of Erisipelas. But even supposing Erisipelas did take place internally we know of no Marks that will indicate it to us.

Is there any Foundation for the Membranous & Parenchymatous Division

of Inflamm^n? Sauvage has introduced it. there is a supposition wch points out a Distinction between them, but it is hard to find it out, or to tell wch parts are Membranæ or Parenchymata Sauvage has run into some Errors on this subject. Further they may both be blam at once. I know of no marks y^t distinguish the Phrenitis from the Cephalitis one of wch is an affection of the membranæ the other of ye Parenchyma Substance of the Brain. In ye Uterus Membran: or parenchym: Authors disagree About it, & no external symptoms

are able to tell. But even dissecting we were capable of distinguishg. them w: Ind w: it answer? for I am apt to imagin that the Parenchyma: Inflammn: always proceed from y: Membranaceous. if it does take place alone its symptoms & Cure must be diffrent from w we imagine. it soon terminates in Abscess without any pain, wh: Abscess by becoming acrid may stimulate the Membran: around it, & thus induce Inflamma: tion.

There are two general Causes of Inflammation viz: One depend.^t on Congestion the Other upon Stimuli. the Inflammations from the 1st Cause fall more immediately under our Notice, we shall therefore discuss it a particularly. The general Indication in Cure of Inflammat.^n is to remove the Spasm w.^h we said ~~ac~~ ceded the Congestion. the Removal of this leads us to a 2.nd Indication viz: to take off the Inflam.^y Diathesis w.^h is done by removing all Irritation

& by the Antiphlogistic Regimen in general w^h you are now acquainted w^th: the only Remedy to be thrown off is the use of Cold w^h: sh^d: be applied in a moderate Degree so as to lessen the pain arising from Heat. how far may Cold may be applied? we said Cold induced the Inflam^n: Diathesis. how does it remove it in the Small Pox? This is a difficult Question, & may seem to embarrass our System a little. I leave ye Solution of it to your own Ingenuity.

a principal Remedy in the Cure of Inflam^n: is Blood: Letting. Gt

Operates only by taking off Tension. this, the advantage of a large Orifice & of bleeding at Deliqui.m hominis sufficiently prove. the Doctrines of Derivation & Revulsion are now exploded. the Effects of Blood-Letting show us that Inflamm.n depends upon an increased Force of the Arteries. this is reasoning in a Circle but is nevertheless true as both propositions can be proved separately. How great must the Quantity of Blood drawn be? It is hard to reduce this Question to any Principles. we must always

be influenc^d by the vigour of ye System the violence of the Symptoms and the Nature of the Organ affected Viz may be taken away ~~to the~~ in certain Cases wth Safety & advantage. - When is Bloodletting unsafe? no Rule can be established. we have seen it do Good on ye 2^d day of Pleuri-sies if Blood has been let on the first three or four days without Advantage - But in all such Cases I suspect Effusions of red Blood especially in Peripneumon: ~~which will not~~. however no Harm can arise from Attempting it in small Quantities,

Unless we see Nature busy in performing a Cure by a plentiful Expectoration or by other Means when other Organs are affected. if this shd be the Case Blood Lettg will be attended wth great Danger. I am no Friend to excessive Blooding.

I have seen two or three Hydropes Rectos arise from it. Blood-letting certainly favours ye drawing off of red Globules wch always disposes to Dropsies.

Topical Evacuations are much safer & more Efficacious than

general bleeding as it acts immediately on the seat of Inflamm^n: & removes the Tension & Spasm of the part affected. Cupping Glasses are the best as they draw off both a sufficient & determined Quantity of Blood.

The Tension of the part affected may be relieved by Blisters and all the Rubefacientia. Thus in the Rheumatism the pain is excessive when the Inflamm^n: is confined to ye Tendons but when Effusions are indeed the Tension of ye bepels w^h: were primarily affected is taken

off. now Blisters are very useful in promoting these Effusions. I infer it from this, y^t Blisters act chiefly as Topical Evacuants w^ch: I^d: induce us to apply them as near as possible to the seat of Inflamm^n: as well to evacuate more as to prevent anypl^a: mula^r: Effects from them. Cantharides are useful mostly for Blisters but other lucids will answer full as well. Dr Storck found a Ranunculus very useful in the Rheumatism. I have often found Mustard when applied pretty strong bring on a Blister at

once. we must diffuse it a good deal to obviate & lessen its stimulus - it operates very suddenly & never produces strangury.

It is of no importance to keep a blister running. the sooner an excoriation is made the better. but when inflam.n is confined to one spot we must keep the discharge open for some time, as fresh blisters cannot be applied. the acrids such as mustard seed &c &c always be preferred to the Cantharides when we want to keep a blister running for some time, as they are less apt to

heal soon.

Warm Bathing has been found very useful in taking off Inflam^n. It acts chiefly on the Cuticle upon the numerous Extremities of ye Nerves wch terminate under it, & by this means takes off the Tension from the whole System. But is not ye Heat hurtful by irritating the System & thus increasing the Inflam^y Diathesis? Dr. Winstringham found it hurtful in the Rheumatism. It never ought to be used 'till Bleeding has been premised or 'till late in the Disease. I have seen it do Harm in Phlegmons.

It is common to impregnate Baths th w: Medicinal Herbs. But I doubt whether they communicate any virtue to the water. They are generally Acrid Aromatic Matters, & if they have any virtue it is of the Antispasmodic kind, but they are never applied in large enough Quantities to do any service. The warm water alone does all the service we could wish for.

Are there any Antispasmodic applications? Camphor has been considered as One. It is a powerful Sedative, & its Effluvia may penetrate very deep, but Notwithstand.g I never

saw any Antispasmodic Effects from it in the Inflam.ry Spasm. In the Rheumatism it gives Ease as a Sedative & not as an Antispasmod. — the vol. Sp.r w.th Oil does ~~all~~ every thing we could wish for from Camph.r.

Is Opium useful in Inflammations? It brings on an Atonia w.ch lays the Foundation for Gangrene w.ch makes it a doubtful Medicine before it brings on y.e Atonia it acts as a tonic & aggravates all the Symptoms. It changes Acute into Chronic Rheumatisms. —

Refrigerant & Astringent Medicines have been employed externally with a good deal of success. the Sacchar: Saturnii has been much used for this purpose. the too free use of them may favour Gangrene - they shd. be used therefore very cautiously

Internal Medicines.

- These are 1 Diluents I explain the Operation of these before. when given warm they are powerful in resolving Inflammation. Inflamm: encrea: as the Sensibility of the whole System

to Cold, so that warmer Drinks than usual are necessary. we know from Experience that they do relax the Nervous System. this, Tea Drinkers can witness.

Are the nauseating Emetics useful in Inflammat.y Diseases? if they excite the extreme Vessels they ought to encrease the Impetus & Inflammat.n: so that à priori we are led to condemn them. But Dr Pringle has lately found them very useful in Cases of Inflamm.n, & I think I have seen them used th. w. Advantage. they restore a Detumeniat.n to y Surface & lessen the Fever th. attends Inflam.n

so that I w^d recommend them to y^r trial.

May Opiates be used internally? I have always found them hurtful. they increase the phlogistic Diathesis by their tonic power especially when given in small Doses. there are some Cases in w^h the Irritation from pain or Cough render them necessary under some Restrictions of w^h we shall say more hereafter.

as to Suppuration & Gangrene I have nothing new to say. I refer you to practical Authors for a History of them.

Suppuration is an Operation of nature

however much we may talk of Suppurat.g Medicines, Galban.m Fig, Onions &c have no Efficacy except it be by promoting the Heat and Laxity of the part, & Bread & Milk and will answer both these Intentions.

This finishes the general Cure of Inflammation. I shall now speak of the particular Phlegmasiæ & begin w.th the internal Ones. I shall confine myself only to their Diagnosis & Cure, as I have nothing new to add upon their Histories.

– I shall begin w.th the Head & proceed downwards.

This is either Membranaceous or Parenchymatous. but the Symptoms do not admit of our distinguishing them. the slow Respiration seems rather to indicate the Parenchym: than the Membranaceous; but this Observation wants more Facts than I have seen to confirm it.

They are seldom Idiopathic except when they arise from external Incidents such as Insolation wounds, Contusions &c. Phrenetic affections are generally Symptomatic when Idiopathic I believe they

are seldom to be cured. there may be a Maniac: state independent of an encreased Impetus of the Blood. - Phrenetic Affections are generally connected wth Fever especially in those in wch the sedative or stimulant: powers greatly prevail. wt is to be done in these Cases? are we to attend to the Fever or the Inflammn of the Brain? we must compound Matters. in the Beginning of them we may bleed, but after the Disease is a little advanced Bleeding is hurtful. this finishes all that I had to say on ye Phrenetis.

Ophthalmia

This is a topical Disease & is seldom attended w.th Fever. General Bleeding therefore does no service in it. topical Bleeding alone must be ordered here.

There is no Effusion in Ophthalmia but a simple Accumulation. hence the Application of Astringents is safe chiefly in these kinds of Inflamm.n especially after proper Evacuation have been used.

But Ophthalmia is not always a topical Affection. It is often

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see River: p: 226

also p: 389.

connected wth the Stomach & lower Extremities, but more especially wth the first. I have seen many Instances of a remarkable Connection between the Eyes & Stomach in a great Number of Patients. I shall explain the Theory of this hereafter. in these Cases of Opthalmia we must pay great Attention to the State of ye Stomach. &c.

Opthalmias are often Intermitting & are to be cured Only by the Bark. the Opthalmia may appear to be constant but has nevertheless

regular Exacerbations & Remissions wch may be discovered by close Attention to them for some time. the Urine sometimes indicates them by deposition of sediment.

The last Observation I have to make on ye Ophthalmia is ye it sometimes depends on Acrimony deposited on the Ciliar: or mucous Glands wch excite an Inflammation in the Eyes. these are not always of ye scrophulous kind. they are to be cured by Medicines that Operate on ye whole System. Evacuations are hurtful. the

salt water & Bark are ye only
Medicines in ye Scrophulous Opthalmia
to be depended on: ~~if~~
~~they should fail~~ But Recourse must
be had to Mercurials & gentle
salivations, ~~[illegible]~~ when
the Opthalmia arises from ye Cause
we have been speaking off. —

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Fauvage has employed y: term to every Case of difficult Deglutition or Respiration but this is very improper. By Angina I mean an Inflamm.n of the Fauces. the most ordinary Case is Cold constricting the Fauces externally determines the Fluids to flow more copiously to y: internally Fauces. Angina's Peripneumony & Rheumatism constitute 19 out of 20 of the Inflamm.y Diseases. this arises from these parts being most exposed to Cold w.h we know induces Congestion & all the Symptoms of Inflammation

The internal Membrane of ye Fauces is a Mucous Membrane. this Mucus is a vehicle of Acrimony more especially of suppressed Perspiration. When this is effused it natur:^ly increases Irritation & Inflammation the Effects of this Inflamm:^n appear chiefly in the Congeries of Vessels in the Tonsils. & of this I shall treat more particularly. It has received diffi:^cultnames from the different Degrees in w:^ch it affects the Fauces. It generally extends to the Larynx or Pharynx & sometimes affects the Muscles of De-

glutition. all these Affections con-
stitute but different Degrees of the
same Disease.

I said the mucus of the Glands of ye
Fauces was the ~~food~~ vehicle of Acri-
mony. this we have many proofs off.
all Exanthematous Fevers affect these
Glands. the Diarrhoea wch attends Ex-
anthema depend on Acrimony determi-
ned to the Mucous Glands of ye Guts.
But Acrimony is more disposed to pass
to the ye Glands of ye Throat. now as
these are more exposed to Cold than
ye Bowels we must not be surprised
that its Discharge is Often checked here

by which means the Angina is brot on.

There may be a Specific Contagion affecting the Fauces wch gives Rise to ye putrid Sore Throat. Dr. Huxham & Dr. Fothergill have treated it in a very full & accurate Manner. I have nothing new to add upon it. — It is to be cured by Peruvian Bark. Bleeding proves prejudicial in it.

It is of the greatest Importance to distinguish ye Malignant Sore Throat from ye Inflammatory. they are often confounded together. ye Inflamd Angina sometimes proves Gangrenous

as well as the Malignant. See Dr. Barham upon this. I have seen an Angina epidemic here wh: was attended wth Exanthemata that never terminated in Gangrene. The best Symptoms to distinguish the Inflamm: Angina from ye Malignant are 1st considerable Tumor - 2nd full pulse & 3rd all ye usual Marks of Inflammat:n. In the Malign: Angina there is 1st little Tumor 2 weak pulse & 3 great Prostration of Strength - when these Symptoms are complicated wth any of the Inflamm: Symptoms Bleeding may be used wth Advantage. 4th Children are more subject to the

Malignant than the Inflam^y: Addit vice versa. 5^ly: Sloughs attend the Gangrenous Angina, but every Appearance of it Sh^d not indicate the Malignant Angina to be present: I have seen Aphthous White Specks on the Tonsils Often in ye purely Inflam^y: Angina & have Ordered Bleeding in such Cases wth great Advantage — Aphthæ may happen in any Affection of the Mucous Glands. It attends all the Exanthemata more especially the Small pox. Sloughs then I maintain alone are no proofs of ye Gangrenous Angina, Unlesse they appear very soon

" O Fiume, o Colli o Rive
" Quanto Invidia vi porto
" O verdi Lauri, o pallidette Olive
" Del mio dolce diporto
" Voi vi godete, ed io sospiro a torto.

— Vid: Fasso Vol: 2: p: 223

L. J. L. Aug: 3.zo 1768.

- have a livid Appearance and are accompanied w: all ye other malig: nant symptoms we before spoke off.

I have nothing new to add upon the Cure of the Inflam: Angina. You will find it amply treated off in all practical Writers.

The Inflamat: Affections of the Lungs are of more Importance. they have 3 different seats 1: in ye mucous membranes of ye Bronchia 2: in the Parenchym: or cellular substance of the Lungs 3: in ye Pleura especially in that part of it w: forms ye Covering of ye Lungs. but it extends to the Mediastin: Pericardium & all ye parts it wch extend over ye Ribs & cover the Diaphragm. the 1st of these is called a Catarrhal Peripneumony It is attended wth a Cough & Spitting I shall treat of it under the Rheumatism. the 2nd

& 3.rd are always complicated as far as we can judge from Dissections. Physicians have imagined they could distinguish them. the Dolor Gravitatis indicates the 2.nd especially when attended w.th a full soft pulse. the 3.d species may be called Pleuro-peripneumony. Can an Inflam.n of the pleura w.ch covers the Ribs be distinguish'd from the Membrane w.ch covers the Lungs? - all the Symptoms of Pleurisy often appear & yet no Appearance of an Inflam.n of the Pleura w.ch covers the Ribs. But I believe the pleura alone may be affected. Mr. Eller

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of Berlin denies this, & says we never find the Peritoneum inflamed or affected in Inflammn.s of the Bowels. , Why then sh.d the Pleura wch. covers the Ribs wch. is so analagous to the Peritoneum be subject to Inflam:mation? But this proves too ~~for~~ much, for the Pleura is more liable to variation from Impetus - external Violence &c than y.e Peritoneum. - When that part of y.e Pleura is inflamd wch. forms y.e Pericardium we know it by extreme pain & palpitation of the Heart & Syncope. we also know when y.e part of it wch. covers the Diaphragm

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is inflamed. wt are ye Diagnostic marks of this? - for my part I never saw the Delirium or Risus sardonicus Dr. Boerhaave talks so much off. nor do even Dissections show these symptoms to belong to it.

Cardiitis

- I never saw this Disease, & believe it seldom or never happens. Dr. Senac has described it you may consult him upon it. all I aim at you see in these Lectures is to deliver something new of my own. it wd. employ a 12 Month to give full Histories of every Disease.. —

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No time can be limited for the Resolution of this Disease. it will depend upon the Nature of the Effusions of wch we spoke before.

Bleeding often cures this Disease wch wont any Discharge from the Lungs. but few of them ever cease except wch some Discharge from the Lungs of some kind. It is ye natural & often the necessary Crisis of the Disease. Bleeding (Unless it is carried to very great Excess) does not suppress the Expectoration, but on the contrary rather promotes it.

What is ye Matter expectorated?

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there is an Excretion of mucous matter from the Lungs wch resembles Pus. this we prove from Catarrhs: but even Pus may be discharged likewise. the Ordinary Halitus may be so increased as to be converted into Pus. but why are not ye Effusions wch end in suppurations poured out into ye cellular Texture likewise? this is a difficult Question, & cannot be resolved till we are more fully acquainted wth the structure of the Lungs.

In Confirmation of its being Pus discharged in Peripneum: De Haen has given us several Dissections in wch

He found no Appearance of Pus
altho the Patient had spit up Pus
for many Months. I dont sup-
pose wth Dr Haen that this Pus was
found out from ye Arteries but was
formed from Malitus effused in an
unusual Quantity.

Besides the 4 Ordin:^y Terminati-
ons of Peripneumony of Resolution —
— Suppuration — Gangrene & Schirrus
there is a 5th: viz: an Effusion of red
Globules into the cellular Texture
of the Lungs. When this is ye Case
ye Circulation of ye Blood is Obstructed

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& immediately suffocation is brot on.
- This Termination is very frequent
& has been mistook for Gangrene.
Morgani has many Dissections
that tend to confirm this.

The Pleura & Membrane lining
the Lungs are often inflamed & yet the
Respiration continues very free. from this
we may infer that in Cases of very
difficult Respiration we may always
pronounce an Effusion to be present
especially if they are attended th w: and Ob:
tuse pain. It is from the Respiration
only I form my Opinion of ye Danger

1a, an Italian Author

of my Patient. Pain & hard Pulse are no Signs of Danger. the difficulty of Breathing is the only Symptom w: Ch: alarms us in Peripneumonies as it always denotes Effusions to have taken place.

But there is a 6th Termination of Peripneum: taken notice off by Boriaria (a). It is known by a hard Pulse - pain in the side insomuch yt the Patient cant lie on it - constant Fever encreased by Eating - He calls it a Paraplenritis. It differs from the Phthisis in having a hard Pulse - in having no Sputum - little Cough

& in the patient, not being able to lie upon ye pained side. the Reverse is ye Case in the Phthisis.
He attributes these Symptoms to a Schirrus wch remains in ye Pleura.

To these I shall add a 7th Termination viz: the Hydrops Pectoris. we always find a Serous Fluid poured out into ye Cavity of the Thorax in Patients who die of Peripneumon. especially if profuse Bleeding has been used in the Beginning.

Cure.

This is well understood. Blood: Lett^g is generally used wth Advantage. but it is often superseded by Blistering.

Dr. Eller of Berlin

Is Purging useful in Peripneumonia? Sydenham condemns it Absolutely. - but a late writer tells us he has used it w: great Advantage. this perhaps arises from his great Antipathy to Bleeding after the 3rd or 4th Day. I have had too little Experience of this Remedy to recommend it to you. - I think it w: relax the pulmon: vessels, & thus prove Serviceable; it was to do great a Degree as to Suppress the Expectoration.

Are Emetics useful? The French recommend them, but I never saw

them used the w: advantage.

Pectorals act only as Diluents. they are never given in sufficient Quantities to inviscate Acrid Mucus.

The Acrid pectorals such as Hyosc hemoniac &c encrease the inflam.y Diathesis & do Mischief.

Squills are much used as pecto: rals, but may they not operate as Emetics only? I think they do.

Oils do no service in the small Quantities they are given. Be fore

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Patients can bear them in a greater.

are Opiates useful in ye Peripneu:
:mony? in the Beginning of
it they are ~~not~~ hurtful. the brin:
:na Physicians tell us they give them
however very early in this Disease.
— the Cough aggravates the inflam:
:ma: Affection, Opiates by checking
this ~~cough~~ may ~~do~~ give considerable
Relief. —

The Intestines are in some Cases subject to Erisipelas from acrid matters applied to them, but we know of no Symptoms that distin:-guish it from the Phlegmon, nor if we did, w.ᵈ it lead to any new meth of cure.

Inflamm.ⁿ of these Viscera are easily known by the acute pain. but they may & do happen without any pain or Fever preceding. Dissections sufficiently indicate this. such In:-flam.ⁿ are distinguish.ᵈ by these two

marks. 1st by happening in Intermittent Fevers wch are tending towards Continual ones, or in all Marshy Fevers. See Dr Lind & Dr Cleghorn in Confirmation of this. 2nd by ye smallness, weakness & Irregularity of the Pulse, joined wth a painful Tension all over ye Abdomen, & a peculiar Cast of the Countenance wch I can't describe - It is an Expression of Anxiety attended wth staring Eyes & livid Lips. The Tension of the Abdomen depends upon a tonic Contraction of the Abdominal Muscles. It extends too to ye Peritoneum

membranes show their Pains only in their blind Extremities as in y: Rheumatism. the Navel is often the seat of pain in ye Enteritis wch proves that the Peritoneum is often affected wth this Tension as well as the Muscles. from this you see the great use of topical Bleeding - Blistering & Fomentations applied to the external Region of ye Belly. — Authors have spoke much of the Symptoms of Inflamn: in ye Spleen - Pancreas - &c - but I know of no Symptoms wch characterise them, & shall therefore hop them Over. —

Dr: Boerhaave Treatise on this Disease abounds in Absurdities. - He supposes Inflamn: may be seated in the vena Porta or ye: Hepatic artery. but Anatomists find no Marks of Sensibility or Irritability in the vena Porta. Inflamn: Affections must be confined to ye Hepatic artery. great Congestions happen every day in the Vena Porta & yet nothing like Inflamn: ensues. these Congestions may undergo a purulent Fermentn: & by Irritating the Membranes of ye Liver bring on

Inflammn. in it. Tubercles in the Lungs depend upon the same cause.

Inflammation is generally seated on the Gibbous or convex part of the Liver under the Ribs insomuch that it is hard to distinguish it from the Pleurasy. What are the diagnostic marks? The only one to be relied on is the Decubitus. The patient can lie upon the affected side only, whereas in the Pleurasy he can lie on the opposite side only. —

Under this I include all Affections of the Joints. I shall divide it into two principal Species. Rheumatism and Podagra. I have delivered the General Theory of the first under the Head of Inflammation. the whole System is always more or less affected in the Rheumatism. the pain is wandering & seldom remains long in one place. on w: does this depend? - when a Diathesis Phlogistica affecting the whole System w: is the principal Disease. upon this Acc: general Bleeding may be very useful - I formerly recommended topical Bleeding

only, but I have since altered my Opinion & Practise. topical Bleeding may palliate Symptoms & alleviate ye pain, but general Bleeding is necessary for a radical Cure in Order entirely to take off the Phlogistic Diathesis. — the Advantages of topical Bleeding are not so great as we might suppose. it at best gives a tedious Cure. General Bleeding hastens the Cure. It should always be proportioned to the Degree of Inflammat. Diathesis present in the System.

Is Sweating useful in ye Rheumatism? the late Dr Clark recommended it very highly. It is liable to all the

Objections we formerly took notice off, except that it can not encrease internal Determination as in those Cases where Viscera are inflamed. if Sweating aggravated the Symptoms Dr Clark always intermitted it a while & repeated Bleeding. - at any rate It should not be attempted till After Blood-Letting has been used, nor should any Sudorifics but the most gentle kind be given. Wine - Heat be should be strictly avoided. I am acquainted w: a Physician who follows this Practise w: the most desirable Success - It should be carried on by Dover's

Powder. the Ipecacuana is $\frac{e}{y}$ chief Medicine that Operates here. perhaps the Opium may contribute to relax the extreme Pain. I believe then upon the whole sweating may be used th w: Advantage after Bleeding has been premised, especially if we find no ill Consequences of it after giving it 12 hours. It Shd: always be continued for 24 or 48 hours if we would wish to procure any Benefit from it.

In Nosology this Disease must be united with the Arthritis.

Hitherto we have had but little prospect in establishing a Theory or a regular Practise in this Disease. I never knew any two Physicians who agreed in their Opinions of it. I hope I shall be able to give you some things new upon it.

For a History of the Disease see Dr. Sydenham. I shall only distinguish it from the Rheumatism by the following Marks.

1: By the time of Life it affects. Young

(a) This is rather an early period. few are subject to it till 40. if it comes on before or at 35 it generally shortens Life.

People are seldom affected wth y^e^ Gout.
it seizes few people till the Age of
35^s^. (a) wch Dr Cheyne properly marks out
as y^e^ meridian of Life. the Rheu:
=matism happens between y^e^ Ages
of 15 - and 35 generally. —

2nd: by their Causes. the Rheumatism seldom
appears without an evident Cause partic=
=ularly Cold. the Gout is ushered in by
Causes wch have no Relation to Cold.

3rd: by the Symptoms preceding the Attack of
the Disease. the Rheumatism is only pre=
=ceded by the ordinary Symptoms of
Fever. the Gout is preceded for y^e^ most

part w: some Disease in the stomach.

4th: By the seat of the pain. the Gout 9 times out of 10 affects the Feet especially the great Toe. rarely it attacks the Fingers. the Rheumatism seldom reaches beyond the Ankles, or wrists.

5th: By the Fixedness of the pain. 2y. Gout remains for several Days in one spot. the Rheumatism changes its seat often & affects more places 2y one at One.

6th: ~~By~~ the Gout is distinguished from 2y Rheumatism by being followed with

a Disorder of the Stomach & Head after the violence of the pain ceases.

- This is very rare in ye Rheumatism altho' I have once or twice seen it but when it produced very violent symptoms & often in such cases proves mortal.

- These marks when strictly attended to will always furnish a Distinction between the Gout & Rheumatism.

Proximate Cause.

This has been attributed to the morbific matter in the Constitution.

- there is no Opinion more universal in Physic than this. I have opposed this

notion & have been looked upon as a paradoxical absurd Fellow for it. - Project the Existence of Morbific Matter i^n because it is entirely hypothetical & we have no proof of it. the Matter found in ye Joints is the Effect not ye Cause of ye Disease. - the Hypothesis first took its Rise from the Universality of Lumbrony in our late Systems of Physic. formerly all pain was attributed to this Source, but our late Improvements in ye Knowledge of the Nervous System has shown us ye absurdity of this Doctrine.

(a) The venᵃ Disease we grant is Hereditary. but then this breaks out at once, & dont continue inactive in ye Constitution 'till beyond the Age of 35.

2nd: Physicians disagree about ye nature of this morbific matter. Journ. Mon: tion 40 different opinions about the quality of this matter.

we cannot infer the existence of morbific matter from ye Disease being hereditary. this depends upon certain conformation of system, as we see in the Epilepsy & Phtisis. (a)

Contagion has been adduced in favour of morbific matter, but there are no proofs of the Gout's being contagious. Vanswieten stories upon this subject are ridiculous

or, we often see it brot on in a few minutes after drinking a Glass of wine. the wine here surely could not generate a mor lific matter in this short Interval of time. —

in the hight Degree & prove nothing.
we every day see thousand Examples
of Persons exposed to it & yet do
not receive it. I conclude then y
the Disease is not contagious. &
therefore cant depend on Morbid matter.
3.rd The Phanomena of y.e Disease
are by no means reconcileable
w.th the Notions of Morbific Matter
- how often do Passions of y.e Mind -
& hard study induce it suddenly! Surely
Morbific Matter w.d act more uniform-
-ly- Besides we see it suddenly remo-
-ved from one part of y.e Body to y.e Other

by a Fright or any other Emotion of the Mind could morbific matter be moved in these Cases from one Part to Another. - I once knew the Oil of Camphor when applied to ye Ankle remove it immediately to the Opposite Ankle, & when applied to ye Ankle it had moved to, by the Application of ye same Oil removed to ye Knee, surely no Morbific matter could be translated or secreted thus suddenly. we Often see it drove from ye Stomach by Stimuli - Now how can these act? they have no power of destroying Morbid

matter. Is it not reasonable to suppose that they produce their effects by obviating the atonia of ye stomach on w^ch: the Gout depends.

In a word all the Theories that have hitherto been proposed, abound wth such palpable absurdities that I think there can be no occasion to refute them.

In supposing a morbid matter present we must call in certain motions in the System to acc^t: for ye symptoms of the Gout. the Theory I am about to offer will tend still further to shew

the Absurdity of Morbific Matter

I shall deliver my Opinion upon this subject in two or three Propositions.

1. The Gout is a Disease of the whole System, or a Disease that employs the more general powers of ye System or a Disease depending upon a certain Condition Constitution & Conformation of the Body but more especially of ye moving powers. This is proved 1st from its affecting peculiar Temperaments only, such as ye male Sex. Women & Eunuchs are rarely affected w:th it. Castration produces

the female Constitution. all men are not subject to the Gout. large robust Men are chiefly disposed to it, especially if they are plethoric & disposed to Obesity. lean people w: a smooth shining skin are seldom subject to it. a Roughness & Coarseness of the skin are generally connected w: the Gout. wise men likewise are more sub. to it to Fools. but this Observation is not so universal as to be a Mark of Genius. 2ly It attacks at a peculiar time of Life. the solids are perpetually changing in every diffinct period

of Life. this is one Argument in Favr. of its depending upon a peculiar Conformation of the System.

2nd Prop: the Gout is chiefly a Disease of the nervous System. all Diseases affect the nervous System more or less. but ye Gout affects the nervous System more purely & produces its Effects secondarily upon ye Vascular System. this makes it a doubtful Matter Whether this Disease should belong to ye Pyrexia or Neuroses. Vanhelmont was ye first who pointed out its being a nervous affection. Boerhaave

is obliged to adopt ye same Opinion.
- But I think it is proved beyond
a doubt to be seated in ye nervous
System from ye Facts we have
mentioned of ye Causes & Cure of y^e
Gout being so much influenced by
1st ye Passions of ye mind, 2d: from its
removing nervous Disorders such as
Epilepsy Vertigo &c 3d: from its
being so much connected wth the
~~Gout~~ Hoingaefa. 4th: from its being so suddenly
translated from One part of ye Body
to ye Other. these motions are too sudden
to be carried on any where else but

in the new System. the strongest argument we have adduced is from its Connection w: the Stomach - you all know ye Stomach is provided w: a vast number of nerves endowed w: various Sensibility w: gives it a very great Connection w: the Sensorium, & this gives it a very great Connection w: every part of the nervous System especially w: ye Skin. It indeed w: the Extremities of all the vessels in every part of the body particularly the Uterus. all Hæmorrhagic Congestions are greatly connected

1a; The Stomach may w^th: propriety be called ye Index of the whole System in all Diseases, more especially in the Gout.

w: the stomach. I told you some instances a few days ago of a remarkable connection between the stomach & the Eyes. But the stomach & lower Extremities are most wonderfully connected w: each other. Van Helmont tells us y: he once dislocated his ankle when he was very hungry w: immediately took away his Appetite but upon reducing his ankle his Appetite was restored. (a)

Such is y Constitution of our System you see y: Motions in one part produce Motions in another, in such a

manner as to increase the Impetus of ye Blood in ye Muscular Fibres to such a Degree as to bring on ~~the~~ Inflammation. W^h are ye Motions w^h produce the Gout? we know too little of ye Nervous System to explain this Question fully. I shall attempt it however & begin by Observing 1st that there is a Sensorium or Centre in w^h is seated an Energy or power w^h exerts itself to ye Extremities of the Nervous System. This Energy depends upon Impressions made on ye Extremities & a propension in them

+

(a) or acord.g to their Relation to y.e

Jurorium. —

the Impressions made on ye Extremities produce different Effects on ye Sensorium according to a Difference of Conformation in these Extremities.(a) not only motions, but a want of usual Motion will produce a variety in ye Sension or motion of ye System. this is illustrated by Syncope. the Action of ye Heart depends on ye Energy of ye Sensorium & ye Energy of ye Sensorium upon the Reflux of Blood from ye Heart into ye Brain. in this Case there is a Reaction in the Sensorium wh: sets ye Heart in Motion Again, & this too in Conse-

1a/ In all Cases of Atonia the Sensori-
ums acts in order to remove it.

quence of ye Heart's Motion having ceased. the same takes place in a want of Tension in the Extremities. the Sensorium reacts to excite them. Let now apply this to ye Theory of the Gout.

I suppose the Energy of ye Sensorium is not extended to ye Extremities of ye Vessels in ye great toe. hence an Atonia & Spasmodic Affection will take place there. (a) The Sensorium reacts in such a Degree as to bring on the Inflamm: Diathesis in the part. the Gout then you see is a topical Fever.

Do ye Phanomena of the Gout agree w: this Hypothesis? Yes - 1st I conclude an Atonia takes place in ye Feet fm: an unusual Dryness & stoppage of ye Excretion of ye Feet - by a Coldness weakness of the parts - by Cramps & Subsultus of the whole Limb. all this I think tends to prove a Constriction in ye vessels affected. 2nd: we conclude an Atonia to be present from ye Energy of ye Sensorium being diminished w: we know always favours the Formation of Phaom. this is proved from its

attacking old people - or people who have been using to hard la: bour - Intemperance and study venery - and all other Causes wch tend to weaken the Excitement of the Sensorium. Other Symptoms of Debi: lity appear in ye whole System such as Costiveness Acidity in ye Stomach &c. It is of no Importance here to explain in what Manner the Reaction of ye Sensorium is produced. - But we said the Gout affected the robust full strong people who live high, hence it prevails more

in England than in any other country in Europe. now all these circumstances point out a constitution wch is subject to Inflammt: Diseases. the Gout attacks likewise at ye season of Inflammt: Diseases & is seated too in ye ordinary seats of Inflammn: viz: ye membran: part of the Muscles, or joints. in a word it follow ye ordinary course of Inflamt: Disorders. there is therefore a foundation for ye Gout in the Inflamt: Constitution something distinct from wch we called the

(a) It differs from ye Rheumatism chiefly in not being induced by Cold, but by Causes which take off ye Energy of the Fascicum.

Inflammy Diathesis. (1a) the Atonia then produces such a Reaction in ye Sensorium as takes place in Cases of Inflammation. But if the System is so weakned that the Inflamy Reaction cannot follow, other Symptoms occur of wch we must now speak. all ye Causes of ye Gout act directly by diminishing ye Energy of ye Sensorium or indirectly on the extreme parts. ye Palsy following ye Gout is a proof of this. — how ye Gout may be so gentle as not to produce a Palsy, but it may produce an Atonia of ye Stomach & hence all

(a) we know ye ye Reaction is strong enough by the Paroxysm being violent & occurring not very soon after. But these violent Excite-ments of ye Sensorium tends to destroy the Tone of the Fluids, & thus contribute towards the Repetition of Paroxysms tho' perhaps less violent.

ye Symptoms we see occur when this Organ is Affected. This explains the Reason why Stimuli remove this Atonia & thus cure ye Gout.

- This is ye first Case of Anomal: Gout or a Case in wh: ye Sensorium does not react so as to produce ye Inflam: Impetus (a) ye same way of Reasoning will explain to us ye Cause why ye Lungs & other Organs are so often affected wth Spasm. Effusions & Dropsies.

- These Effusions when they happen in ye Brain (from a very weakened Energy of it) induce Apoplexy Palsy &c.

The Peripneumonia Nothritica of Sydenham is an Inflam.y Disease & should be treated as such. but in Cases of retroceding Gout no Organs are so much affected as y.e Kidneys from their Extreme Connection w.th y.e Stomach & lower Extremities. in Cases therefore of y.e Brain's Reaction Serous Effusions will be very apt to happen in the Kidneys & hence y.e Reason why Gouty people are so subject to Ho-ny Concretions. the Gouty Inflam.n is disposed to effuse an Effusion sui Generis w.ch is disposed to harden into a Chalky

Earth in the Joints. these Concretions are likewise common in all ye Viscera but especially the Kidneys. do Nephritic Affections occur before a calcarious Matter is formed? ~~yet they~~ no - it may lie dormant there for some time till a new Fitt of ye Gout or some other Cause induces an Inflammn in them.

all this General Doctrine tends to lead us to the Cure, or Methodus Medendi.

Is there a Radical Cure for the Gout? - It is a constitutional congenial and often a hereditary Disease, wch gives us Reason to think it can not be perfectly

Abt. 1265 last Dittum of his work.

and. See Boerhaave[a] upon this subject. But Art cannot renew a Man's Constitution. Medicine is only palliative. Often partial in its Operation. it makes but few immediate Changes upon the System. Our chief Dependance in changing the Constitution must be taken from Regimen. Bodily Labour under this Head may be considered as a radical Cure. We never see Labouring Men subject to it, even those who are descended from Affluent families are never seized if they are so reduced by Misfortunes as to be obliged to work for their support.

How does Labour Operate? no
Mode of Gestation except bodily Exer-
cise will answer our Intention in
this Disease. Sailing does not prevent
it. Sea-Officers & Commanders are as
subject to it as Other people. bodily
Labour then appears to act by preserv:
the Tone of the Muscles th: we know
are covered th: the Membranes th: are
seats of the Gout. wounds. Fractures
& violent strains have produced radical
Cures for the Gout. I formerly tho't
Exercise acted only by promoting the
Perspiration. Dr. Boerhaave seems to be

of this Opinion, & infer it from same Facts, but I rather believe this is an accidental Circumstance & depends upon an increased tone of the bowels. But still I grant the Gout is connected considerably wth Perspiration hence the Reason why Gouty people are seldom troubled w: the Gout in ye Summer.

Should bodily Labour be continued constantly even in advanced Life? No. we have Instances of Persons who have laid it aside, wth out being seized Again wth ye Gout.

I think it sh^d be continued till the Inflam^y Diathesis of ye System is entirely

removed wch is at a Medium about ye 50th Year of Life. —

But there is Another Remedy for the Gout. viz: a Low Diet. it acts by taking off the Inflamy: Constitution wch is ye Foundation of ye Gout. — But some tell us a Milk Diet has brot on the Anomal: Gout we were speaking off. we must to Obviate this Observe that there are two Species of Gout viz the Inflamy: & Atonic. the 1st is seldom dangerous, altho' attended wth great pain wch weakens the Parts & thus induces the Atonic State. the 2nd arises

(a) It Ought always be joined with some Degree of Labour! —

from Debility. the Reaction here is generally very weak, hence no Inflammations appear in the Extremities but a variety of Diseases in ye whole System. - the 1st: attacks younger people the 2nd: older people. the 1st: occurs in ye first stage of the Gout, the 2nd: in the last. an Attention to these Circumstances shd: regulate our Remedies in treating the Gout. the Milk-Diet should be used in the Inflamm^y: (a) only; - in the Decline of Life when the System labours under an Atonia this Remedy will prove hurtful. Milk in particular

as well as all Accessory Diet tends to induce a Debility of the Stomach. No Habits shd be checked suddenly. a Person shd never enter upon such a Diet suddenly from a very full One. Meat shd gradually be laid aside, nor shd the Vegetable Diet be too sud: denly resumed, or a very dangerous & irregular Gout (from ye Atonia of ye Sys tem) will be induced.

How long should this Diet be continued? Celsus & Dolens say One Year. Our Experience has taught me ye: It should be continued for several Years, or till

(a) viz: a Man from taking too great a Quantity of Spt of Nitrol was seized w: the Gout w: was cured by a few Doses of an Alkaline Salt.

the System begins to decline wh: as we said before was About ye 50th year.

The next Remedies are Alkalies & Laxatives. they have been used in Nephritic Complaints wh: Advantage wh: has led the way to their being used in ye Gout from a Notion of its depending upon Acidity in the Constitution. Dr Boer: has been to be inclined to this Opinion. - But he founds it on One Fact Only. - Acids are perhaps prejudicial in ye Gout, but do not furnish ye Matter of it, for we find they encrease it ye Moment they are taken. Claret in particular has these Effects. all Wines

are hurtful in proportion to their acescency. But ye more spirituous wines wch abound with Brandy such as Port & Madeira are found very useful in the Gout. Whatever then alleviates the acescency of ye stomach will likewise strengthen it, and thus remove the Atonia which is ye Cause of the Gout. Lime-water-Magnesia Alba, & the many medicinal waters wch contain Calcarious Matters in them are only efficacious in this way.

Bitters have been much commended in the Gout. they brace up ye stomach

& wt the whole System. this is proved from their curing Intermitting Fevers. they are hurtful in ye Inflam: Gout, but do great service in the Atonic Gout. they have longhen used in this Disease. if continued too long they bring on Atonia in some parts of the Body wch lays ye Foundation for many Chronic Diseases. they act by Excess of Excitement wch we know in time destroys the tone of the vessels. they must therefore be used very cautiously, & only in Cases of great Atonia. if continued too long they will increase the tone of ye vessels

too much, & thus destroy them.

Chalybeates have been found very useful as tonics. the Tunbridge & Bath waters are impregnated w:th Steel, & do great service in Cases of Atonia Gout. in ye Inflammat:y Gout they do Harm. the Bath waters are supposed to be best as from their warmth they determine more to the Skin.

Bleeding.

Much dispute has been entertained about this Remedy. we can now see ye Reason of it. Lister & the late

Dr. Thompson recommend it highly, but Dr. Sydenham strictly forbids it. in ye Inflamm.y Gout it is useful but in ye atonic, which is less acute & comes on in ye Decline of Life or in weak Habits it is hurtful.

These two states of ye Gout are often ambiguous. in these Cases topical bleeding is to be preferred. Stahl & Hoffman abound w.th Facts in Confirmation of the Usefulness of topical bleeding. It does not prevent ye Reaction of ye Sensorium as we might be induced to suppose.

vomiting.

Dr. Sydenham did not use it. Dr. Lister recommends it. I have often seen it useful. It acts by removing humidity in w: we said favoured ye formation of the Gout, & by promoting its Excretions. But it acts by supporting ye Tone of ye stomach as well as by cleansing it. ~~thing~~ it determines likewise powerfully to ye Extremities. but vomiting shd. not be used too frequently or we shall destroy the Tone of the stomach, & thus induce worse Complaints than we aim to relieve. –

How far is Purging useful? all Gouty Patients are subject to Costiveness wch wd always be removed. but the frequent use of Purgatives weakens the Tone of ye Alimentary Canal & of ye whole System, & thus do very great mischief. Dr. Sydenham condemns them justly. Dr. Lister used them frequently especially after the Gout had gone off, but in these Cases I have seen it bring back a Fitt of the Gout. a late Writer has recommended the purging Mineral Waters, but never gave them till after ye 50th Year of Life. You will easily

understand the propriety of this practice from w^h: we said before. before that period of Life all purging Medicines must prove hurtful.

Sweating

Dr: Sydenham speaks more favourably of Sweating than of the other Remedies we have spoke off. but he found it dangerous in the time of a Paroxysm. It ought never be urged by Heat or heating Medicines, nor carried to too great an Excess. as it diminishes Perspiration according to Sanctorius' Observation. - Most of our Empirical Medicines are of ye Sweating kind. & most of them

(a) Ash: 1276

do Mischief. Dr. Boerhaave gave them very freely. you may see ye Medicines he used in his Treatise upon this Disease. I have seen a gentle Mas: sage upon the pain continued for some time, do considerable Service. but the Relief Obtained in this Manner is not very durable.

Topical Applications.

These are of doubtful Use. many of them have been proposed. the chief of them are certain Antispasmodics particularly Opiates & Camphor. I told you before the Consequence of using the

Oil of Camphor. they are only pal:
liative Remedies & often drive ye Gout
from one part to another. Warm:
Bathing has been much used. by
its Heat it produces a powerful
Reaction but by relaxing ye high:
bouring vessels it induces a more gene:
ral atonia, & thus often throws the
Gout upon some of ye viscera. I have
seen it once bring on the Hypocon:
driasis wch ended in a Mania wch has
continued upon ye unhappy Patient
for these 20 years. he has sometimes
been relieved by Blistering. —

Emollient Poultices of all kinds may have the same Effects. Flannel is the only safe Application I know. - perhaps Blisters may prove useful? the Moxa of ye East Indies seems to operate in this way. I have seen Blisters give Relief, but I have likewise seen it attended wth bad Consequences. I once applied one to ye Hip of a Gentleman who lately laboured under ye Gout, but it drove it immediately to his stomach where it brôt on a violent Vomiting wch did not cease till ye Gout was brôt back again to his Hip.

upon ye whole I think Blisters are as hurtful as the warm Bathing.

To conclude I sum up all I have said in saying that Labour & low Diet under ye Restrictions we mentioned are ye only radical Cures we know. - the Disease may be rendered less violent by gentle vomits & laxatives by Alkalies & Absorbents by gentle Exercise - & by Avoiding Intemperance of all kinds - Venery & the like.

~~The Cures of Gout in these Dis~~

When the Gout comes on or during a Fitt of it we must use a moderate

tho' not a low Diet. a small Quan:
tity of Anim:l Food must be indulged
but Spirituous Liquors should be avoided.
we must endeavour to obviate the Return
of Atonia by moderate Exercise - fre=
quent vomiting (One a Month & not more)
by removing the Effects of Indigestion
by Opening the Bowels, & by giving Lime
water or Soap. Lees. But this should be
confined to the Spring & Fall chiefly.
by avoiding the evident Causes of Atonia
such as v:r venery. I dont think too
early a use of venery brings on y:e Gout.
for y:e same Cause w:ch disposes to the
Gout also disposes to venery. but Excep

of Venery at all times enervates the System I should therefore be used wth great moderation by Men in the Decline of Life.

2nd Hard = Study. this is not confined to Abstruse Speculations. Men of Trade are guilty of Excess in it. Gamesters more especially are disposed to it. I have knew a Man who was ~~too~~ always seized wth a Fitt of y^e Gout when he lost any thing considerable, but never was troubled wth it while he was successful in his Games.

3rd Cold - this should be strictly avoided

& thoroughly guarded against. a De:
:terminat: should be kept up towards the
Feet by new & clean stockings every
day. for old or long worn stockings
become saturated w: perspirable Mat:
:ter.

But how is the Atonic or Retro:
:ceding Gout to be treated? There are
two Cases of it both founded on Ato:
:nia of the Joints. 1: where it is thrown
inwards & is of the Inflam: kind & 2d:
where it is purely Atonic the 1st:
dom occurs. when it does it must be
treated w: the Antiphlogistic Regimen.

the 2nd: is more common & much more difficult of Cure. the Indication here is to restore the tone of ye Extremities. But we are provided w:th no Remedies for this purpose. the Rubefacients are generally used. but w:th very little success. Frequent Bathing has proved useful in these Cases. the Bath waters operate in this way by their warmth & tonic powers. When ye Gout is seated in ye Stomach Stimulants & Opium are indicated such as Spirits in considerable Quantities, provided no Inflam:y Diathesis attends, & Nothing but

a simple Atonia. they shd be proportioned to the Constitution of ye Patient & the nature of the Disease. if they do not intoxicate they may be given to ye Quantity of a Quart. we always know when enough is taken from ye beginning Intoxication. they act as Narcotics.

Opiates are found useful in this Case of Gout. how do they operate? by removing the Spasm induced by ye Atonia.

Volatile Alkalies have likewise been used wth success. but they should be given in large Doses. I have given ℥i of them at a time wth great advantage.

they have stim.: & Sedative virtues.

Camphor is often given w.th advantage while the Gout is seated in y.e stomach. - I am at a Loss to tell how it acts. - I have often ordered it w.th Syrups joined w.th Volatile Alkali. It ought be given in larger Doses y.n ordinary.

What must we do when y.e Gout is fixed in y.e Head - Lungs or Bowels? all the Remedies we have spoke of in y.e Gout of the stomach are not proper here. Opium is the chief Remedy to be depended on. But I don't know to w.t Dose. nor have I used it much in these Cases.

Blisters have been applied near ye place where the Gout is seated but I can't say wth any great Advantage upon ye whole I know of no regular practise establi-shed in these Cases.

But there is a another species of Gout hard to be distinguished depending upon an Atonia of ye System. it is known by a Melancholly & hypo affecting Persons subject to Gouty Com-plaints. in this Case we must have Recourse to Chalybeates Corroborants Mineral Water, & all such Medicines as act on ye Stomach. this finishes

all I had to say upon the Gout. — I have one more Fact however to lay before you w^ch: I heard last night from Sir John Pringle. the great Dr. Harvey had no sooner published his Acc^t: of the Circulation of the Blood than an general Outcry was raised against him, & he lost all his Business. Such is the Fate of Many who Labour for the ~~Bene~~ public Good! — I hope however this will not be my Case. I rely upon my Pupils to support my Reputation in the Doctrines I have been advancing, & trust you will not find my: entirely destitute of Foundation.

I have given you the Character of this Order in my Syllabus. I call it Phlegmasiata distinguish it from ye various Efflorescences of ye Skin wch are not of the Inflamm: kind such as the Purpura & Petechiæ of Lauvauge wch are simple Effusions. I call them "Post Febrem" to distinguish them from ye simple Phlegmasia inasmuch as they are ye Consequence of Fever only. – they are further distinguished by depending on contagious Matter introduced into the Body wch by uniting the wi ye perspirable Matter is determined towards ye Skin where

it is deposited so as to excite topical Inflammation. they sometimes produce Pustules wch are disposed to ye pustulatory suppuration. At other times they terminate in white pellucid pustules & 3rd in red spots wch end in Desquamation such as ye Measles & Scarlatina. they have all this in common yt is ye Eruption is spread all over ye Body. but there is a 4th kind wch is confined to particular parts of the Body such as ye Erisipelas & Anthrax. these are ye principal Genera of Exanthemata. there may be others.

Each of those we have spoke of have diffinct Causes wch you may read in practical writers. I shall only observe that they are much connected wth the Mucous Glands of ye Throat, wch characterise them above all things. - they are further distinguished by the Fever attending the Eruption only or continuing afterwards. the Fever likewise is diffinct being either Inflamy: nervous or putrid.

There are Eruptions in Fevers wch dont depend on Contagion but depend on ye particular stages of Fevers & may arise in

any Persons certain Circumstances being given. many Persons are subject to them in ye time of sweating or from sweating too long. or they may happen from Contagion w^ch: the sweating Regimen or a particular structure of the skin may bring on. thus Females are more subject to Miliary Eruptions than Males & young Persons more than Old. Even those Cases therefore where Contagion is introduced their being exanthematous may depend upon the nature of y^e skin or Other Circumstances.

They are distinguished from those Exan=

-themata wch depend upon Specific Contagions 1st by those wch depending on Specific Contagions being Steady in their Effects, & in having a regular Eruption Course of Maturation & Desquamation. - in the Others no such Uniformity of Eruption or Continuance is Observed. - the 1st are the only Idiopathic Exan-themata. the 2nd are simply Febrescum Exanthematis . but the most important Distinction is taken from the 1st: Affecting Persons but Once in their Lives. the Plague may be an Exception to this Whenever Contagion producing it is not precisely

specific. But further the Idiopathic Exanthemata are contagious & therefore Epidemic. the Other are Sporadic such as ye Erisipelas &c: is neither Epidemic nor contagious. I own this dout afford an universal Distinction. for ye Matter producing Exanthemata may be discharged by insensible Respiration. this I believe is the Case in the Plague. where ye Mortion this does occur it must be considered as owing to a more powerful Ferment^n^: or more abundant Matter. Fevers depen:ding on Morbific Matter show themselves

1st by Eruptions on ye Skin
2nd by Determination to ye Mucous Glands of the Fauces or Intestines.
3rd by Depositions on ye Lymphatic Glands. the most virulent Contagions are deposited in the last. the next in Degree is determined to ye Mucous Glands especially of ye Throat. ye most mild & safe kind of Exanthemata is when the Determination is to ye Skin, provided they are of a benign nature.

I formerly excluded from ye Exanthemata Effusion without Inflammation.

Wt shall we say of ye Purpura & Petechiæ. in the last Case there is

an Effusion of Blood. in Other Cases an Effusion of yellow Serum. I can say nothing positive upon this subject.

Wt shall we say of the Aphtha? to wt Genus do they belong? I cannot tell, but must refer you to Dr. Boerhaave & Other practical writers. —

I shall not taken my time in giving you ye History of this Disease. I shall confine myself to those Observations only wch have an immediate Connection wth the Practice.

1st I know of no Disease y^t depends more evidently upon specific Contagion than this. it is of a determined kind. It is not so liable to be controlled wth Septic or Sedative powers as y^e Other Contagions we have spoke off. It is precise in its Operations. we Often see it taken from y^e milder pock produce a virulent Septic Contagion

we likewise see ye most violent Conta=
=gion produce the mildest Disease in
another Body. the Disease then de=
pends more upon the Constitution &
the Treatment of the Disease than
upon any Variety in ye nature of
the Contagion, & all ye Modification of
it is received in the Body of ye Person
affected. I doubt much whether it is
influenced by Heat or Cold. our Bodies
are easier affected by Ferments in sum=
=mer yn: winter, but ye Contagion is not
exalted by it. I have seen ye most
putrid Small=pox produced in the

winter season.

There are two Forms of y^e^ Small-pox
i Distinct & 2nd Confluent. the rest
are different Degrees of these two. the
1st is rarely the 2nd always dangerous.
It is attended wth very numerous Pus:
:tles: the Danger of y^e^ Distinct
depends only upon their number.
the Distinct are known by being
circumscribed & irregular & by having
Effusions wth become purulent. y^e^
matter in y^e^ Confluent never becomes
purulent. but always remains watery.

But there is a Degree between these two.
- But further in y^e confluent small
pox the Fever continues. ~~to~~ While
in y^e distinct is gone entirely off. the
Fever in y^e 1st Case depends upon topi=
cal Irritation & hence is proportioned
to y^e number of Pustules. I chose
y^e word Irritation rather than Inflam=
mation because Inflammat^n is looked
upon as a good Symptom & always Oc=
curs in y^e distinct Small pox. y^e Irritation
in y^e confluent Small pox depends upon
y^e nature of y^e Effusion wch may be
more Lurid & not disposed to produce

y^e^ Inflammative Effusion. but w^h^ is the Cause of this? - it may depend upon a great Quantity of y^e^ specific Contagion passing off by insensible perspiration & not stagnating under ye Cuticle. w^h^ Circumstances favouring this stagnation & influence ye formation of more or fewer Pustules? 1st: the Obstruction of Perspiration. Pustules we find always abound most around Plasters: this Inoculation proves sufficiently. the Suttonians have contrived a way of bring^g^ back to any part

they please, it in any form they please by ye size of their plasters.

- Children always have most pock upon ye Cheek on wch they lie most.

Dr. Sydenham abounds wth Facts in rejecting the warm Regimen wch tend to confirm this Observation. Dr Glass found all heating Medicines or Regimen render ye small pox confluent if given while the Fever was high. he never gave his Sweating Medicines till y^e Fever began to abate.

The confluent small pox is always proportioned to y^e Inflamm.^y Diathesis

see Also his Acc.t of y.e Diseases of
1730 "hoc tempore, adventis ventis
graßari incipiebant Morbi Inflam-
=matorii iique qui Variolis correpti
sunt in Pejus ruebant, & majorem
Morbi Sevitiem quam antea
Destendant." — p. 156
= fol. vernali

of the System. Dr. Wintringham says he always found it corresponded wth y^e Frequency & Virulence of Other Inflam. mat.^y Diseases y^t prevail at y^e time. & see his Acc^t of y^e Year 43. - in his Treatise upon Epidemicks. - I have Often seen the worse kind of small pox affect those who have been much exposed to Cold - Intemperance Exercise & venery. they allaut ley increasing the Inflamm.^y State. I conclude from all this y^t the Confluent small pox depends more upon ye Constitution it affects than upon a greater Septic Quantity in ye Contagion.

But w^t shall we say to ye Face, being so much ye Seat of ye Small pox? no other Eruption appear there. It must be owing to a particular Condition of the Skin in ye Face. There seems to be a Determination of ye various Matter to it. we cannot say w^t this Condition of the Skin is: nor is it of any Importance to enquire.

Method of Cure

I shall 1st Speak of Inoculation. I shall say nothing of ye Propriety or Usefulness of this Operation. Experience speaks sufficiently in its Favour. not above 1 out of a 1000 are lost in it.

w^h gives Inoculation these great Ad:
:vantages? - little depends upon the
Choice of matter so as we before hinted.
- nor do any Advantages arise from y^e
small Quantity of Matter introduced
in Inoculation. this Experience has
often taught us. still less depends
upon ye nature or Age of ye matter
employed or ye manner of performing
the Operation. w^h Advantages then has
Inoculation? 1st: we can chose y^e
Age of our Patient. full grown
subjects are most liable to inflam:
:m^y Diseases. Children are less so. too

much stress has been laid upon this advantage. our late Inoculators perform on all subjects indiscriminately without any Regard to Age. People about the Acme are most disposed to Inflam.y Diseases & generally have the small pox worst. I do not think Infants favourable for.e small pox upon the Acc.t of their being so subject to Fits. the Suttonians never inoculate any under 2 Years of Age. I don't find that Teething during Infancy has any Influence in making them more subject to Fits. Sucking Children are often in great Danger

from their noses being obstructed by
Pock wch prevents their sucking entirely.
Parents shd always be apprised of this
before we inoculate their Children
2nd another Advantage is the Choice of
season. I would advise to avoid the
cold weather, and the extreme Heat
of Summer. the Spring & Autumn are
the best Seasons for Inoculation. Sutton
indeed chooses the Summer Months. Inflam
mat: Diseases are less frequent in Summer
than Winter. this joined wth his cool
Regimen may render his Practice
safe especially in Britain where our
Summers are seldom very warm.

(a) the chief Reason why the Gentoo-nation in ye East-In:-dies have ye Small pox so favour:-able by Inoculation is owing to their living entirely upon vegetable Food.

3.rd: Great stress has been laid upon preparing the Body. I grant that every measure that lessens the Inflamm.y Diathesis may be useful. hence the use of forbidding wine - animal Food &c.(a) the free use of y.e Bowels tends likewise to diminish the Inflamm.y Diathesis. 2.d: Medicines are useful? a few working purges take off the Inflamm.y Diathesis of y.e system, but can do more y.n empty the Bowels in respect of purifying y.e Body.

Mercury has been mentioned for this purpose. It is very stimula:

& tends to increase ye Inflammy:
Diathesis when given in large quan:
ties. - I dont believe the Suttonians
use any Ex in their Preperations.
they are accused of using Antimony
but it must be in too small quantities
to do any Service. I dont think any
thing depends on Medicinal Prepara:
tions.
4: The greatest Advantage of Inoculation
consists in avoiding Occasional
Causes such as Fatigue Cold - Intem:
perance Scenery & ye like. these tend
to render the Small-pox malignant,

& Persons inoculated always we know avoid them.

5th: we can choose Persons in Health as the Subjects for Inoculation. too much has been said in Favour of this Advantage. I have seen many People with Inoculations on their Skin scarcely with the Small Pox & yet have had it more favourable than Others.

6th: the Great Advantage of Inocalation as practised at present consists in the Management of it. this Ch: consists 1st in our Patients living on a more Spare Diet than Ordinary & a Strict

(a) Antimony & Mercury may be very useful about ye time of the eruptive fever to remove ye Inflam^n. of Spasm. —

Attention to ye non-naturals, especially in Drinking & in Intemperance of all kinds.

2nd by avoiding Irritation in ye primæ viæ. gentle purges & vomits shd. therefore be given occasionally. Keep & keep in Evacuations are hurtful as well as in the low Diet. After the Operation is performed the same Treatment & Regimen shd. be continued &c.

3d. Cold Regimen shd. be used after the Operation is performed. ye Brachmins use the cold Bath. here it wd. not do. it appears to act by obviating the bile per Spasm.

4th. Blood-letting shd. be used during

the eruptive Fever when Circumstances require it such as full strong Pulse & other Inflam.r Symptoms. —

5.th Emetics are Absolutely necessary to take off the febrile spasm. nauseating Medicines do not answer so well as Emetics during the eruptive Fever.

6.th the use of Cold is of y.e highest Importance in the eruptive Fever & is y.e greatest Discovery of y.e present Age. it takes off the Irritation from the Heat on the Skin & thus Obviates the Inflam.r Diathesis w.ch we said before rendered the small pox more virulent. the amazing Success w.ch has attended the

new Mode of Inoculation depends entirely upon the free use of Cold. there are some Difficulties from Theory in Account for ye Operation of Cold in ye small pox. the Heat of the Body is in a compound Ratio of ye generat.^g power in ye Body & ye Temperature of ye external Air when the ^r is increased, the Lewd must be diminished. Cold wegrant induces the Inflam.^y Diathesis. but in a Fever it resists the Action of Cold, & dont operate as it does in Health. I have heard of few Instances of any Accidents from y^e use of this

Regimen. so few as not in y^e least to invalidate ~~it~~ its Effects.

This is the great secret of y^e Sutto=
=nians they likewise use Antimony & perhaps some Mercury with a great plenty of Acids. but these have little Effect in Comparison to w: the cold Regimen.

Should the Pock become confluent what must be done? Dr. Sydenham used Nothing but Acids & Opium in such Cases. if we consider y^t the Fever depends so much upon Irritation we may easily conceive how useful

Opium must be. if ever it does harm it is when given in too small Quantities the Vienna Physicians have followed Dr. Sydenham's Practice & with great success. they gave it three times a day. Opium is safe in all Cases of Suppuration after the Inflamy. state is Over. May not something else support the Lever besides Imitation? yes - in the confluent Small pox there is a want of Inflamn. & an Atonia of the System takes place joined with a Septic Tendency which increases this Atonia. here the Opium may act as a Stimulus & remove

the Atonia. Wine has lately been introduced w: great succes in y confluent small pox. it operates by obviating this Atonia we spoke off.

At present we have lys occasion for Opium & generally have recourse to Antimon: Medicines. the use of these is very ancient in y small pox. a Physician at Berlin introduced the ☿ Emetic w: great succes about 50 years ago, but it was soon droppt again. It may be employed at all seasons of y small pox w: advantage. I consider it as y most

important Remedy ever introduced in the Cure of ye small pox.
2d. Peruvian Bark. is another noble Medicine to promote Suppuration & to Obviate Putrefaction. we should have great Dependance on it in the small pox when of y^e ~~bon~~ ^+^ flux: kind.
- I must here communicate a new Fact to you in Favour of the Peruvian Bark, when joined wth Tartar emetic in Fevers. Dr. James's always gives ye Bark after he has procured a Remission by his Powder. in ye small pox therefore the Tart procures a Remission. so that the Bark given immediately

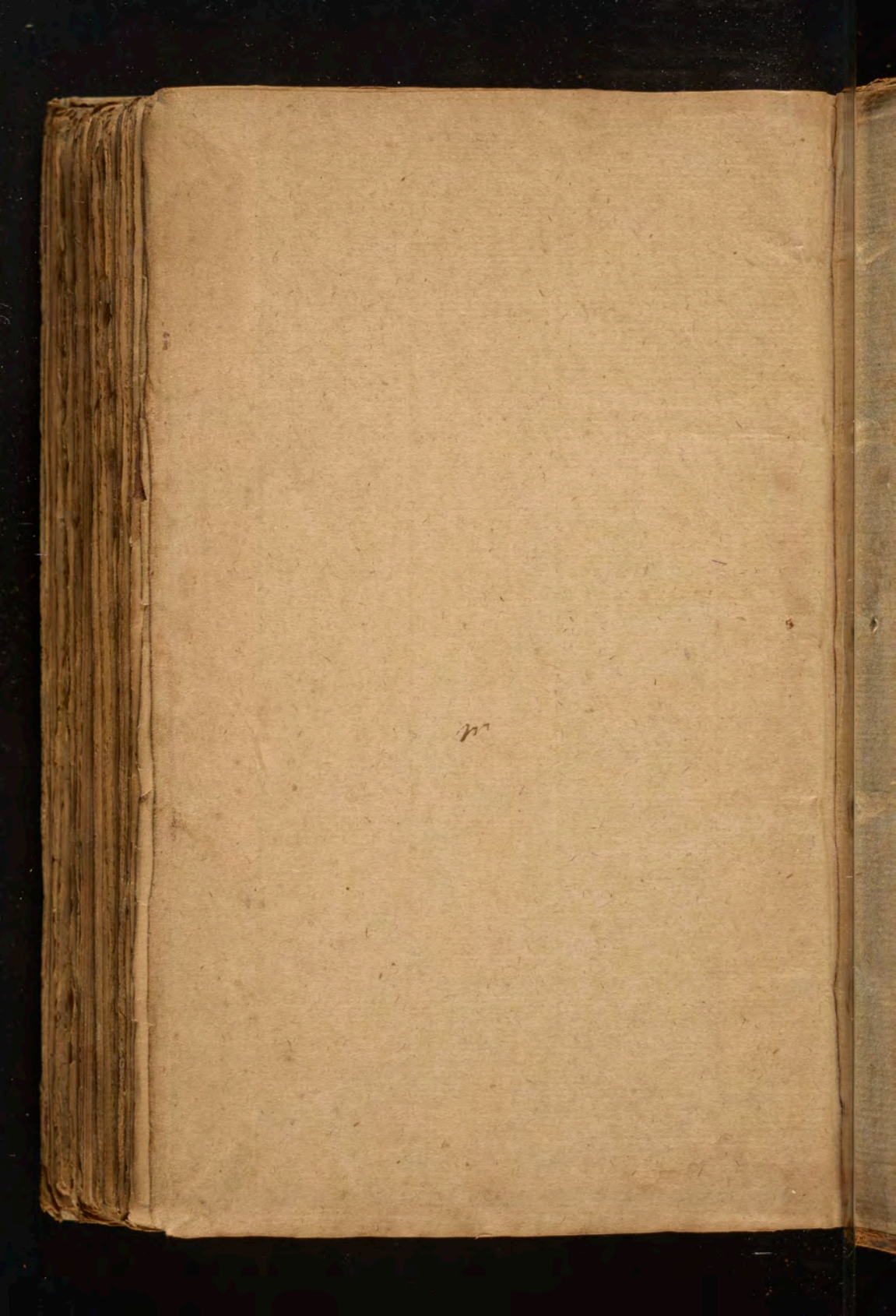
afterwards ~~also~~ rarely fails of success
- I w.d here observe that weak
Decoctions do no service. we must
always give it in powder, & in pretty
large Doses. — —

3.rd: the Application of Cold is another
valuable Remedy in y.e confluent
small pox. it acts by obviating
Irritation & Putrefaction.

I shall conclude by observing y.t
we are too apt to give y.e Bark w.th the
the view of promoting suppuration
when y.e pock are numerous. but
it may do Harm When y.e Tone of

the system is not very weak. our chief Dependance must here be laid on the cold air when this is the Case. —

I have nothing new to say of any of the other Exanthemata. — what has been said of the Small-pox will apply to most of them.



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